

## In The United States Court of Federal Claims

## Cover Sheet

Plaintiff(s) or Petitioner(s)

Names: Megan De'an Whittington

Location of Plaintiff(s)/Petitioner(s) (city/state): Woodstock, Virginia

(If this is a multi-plaintiff case, pursuant to RCFC 20(a), please use a separate sheet to list additional plaintiff(s).)

Name of the attorney of record (See RCFC 83.1(c)): \_\_\_\_\_

Firm Name: \_\_\_\_\_

Contact information for pro se plaintiff/petitioner or attorney of record:

Post Office Box: \_\_\_\_\_

Street Address: 120 Hottel Road

City-State-ZIP: Woodstock, Virginia 22664

Telephone Number: 540-333-1401

E-mail Address: meganwhittington30@gmail.com

Is the attorney of record admitted to the Court of Federal Claims Bar?  Yes  No

Nature of Suit Code: 515, 516

Select only one (three digit) nature-of-suit code from the attached sheet.

Agency Identification Code: ED, HHS, O

Number of Claims Involved: 3

Amount Claimed: \$ \_\_\_\_\_

Use estimate if specific amount is not pleaded.

Bid Protest Case (required for NOS 138 and 140):

Indicate approximate dollar amount of procurement at issue: \$ \_\_\_\_\_

Is plaintiff a small business?

 Yes  No

Was this action proceeded by the filing of a protest before the GAO?

 Yes  No

Solicitation No. \_\_\_\_\_

If yes, was a decision on the merits rendered?  Yes  No

Income Tax (Partnership) Case:

Identify partnership or partnership group: \_\_\_\_\_

Takings Case:

Specify Location of Property (city/state): \_\_\_\_\_

Vaccine Case:

Date of Vaccination: \_\_\_\_\_

Related case:

Is this case directly related to any pending or previously filed case(s) in the United States Court of Federal Claims? If yes, you are required to file a separate notice of directly related case(s). See RCFC 40.2.  Yes  No

Received - USCFC